Image# 202011129336987620 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) JOHNSON, DUSTY, , , | | | | | | |
|----|--|--------------------|----------------|-----------------|---------------------------|--------------------------------------|----------------------------|
| | (b) Address (number and street) 501 GREENRIDGE LANE | □Ch | neck if addre | ss changed | | 2. Candidate's FEC Ider H8SD01055 | ntification Number |
| | (c) City, State, and ZIP Code | | | | | 3. Is This No | ew Amended |
| | MITCHELL | | SE | 5730 | | Statement (N | 4.4 |
| 4. | Party Affiliation | 5. Office Sough | nt | | | rict of Candidate | |
| | Rep | House | | | SD | 01 | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIGN | COMMITTEE | |
| 7. | I hereby designate the following nar | ned political cor | nmittee as m | ny Principal (| Campaign Comm | nittee for the 2022 (year of elec | election(s). |
| | NOTE: This designation should be f | iled with the app | oropriate offi | ce listed in tl | ne instructions. | | |
| | (a) Name of Committee (in full) FRIENDS OF DUST | TY JOHNS | SON | | | | |
| | (b) Address (number and street) PO BOX 278 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | MITCHELL | | | | SD | 57301 | |
| | DE | | | | THORIZED g Representative | COMMITTEES es) | |
| 8. | I hereby authorize the following name candidacy. | ned committee, | which is NO | T my princip | al campaign com | nmittee, to receive and exp | pend funds on behalf of my |
| | NOTE: This designation should be f | iled with the prir | ncipal campa | ign committe | ee. | | |
| | (a) Name of Committee (in full) FRESHMAN AGRIC | CULTURA | L REPU | BLICAN | I MEMBEF | RS TRUST AKA | FARM TRUST |
| | (b) Address (number and street) PO BOX 30844 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | BETHESDA | | | | MD | 20824 | |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | nd belief it is true, correct | and complete. |
| Si | gnature of Candidate | | | | | Date | |
| Jo | OHNSON, DUSTY, , , | | | [Elect | tronically Filed] | 11/12/2020 | |
| N | OTE: Submission of false, erroneous, | or incomplete i | nformation n | nay subject t | he person signin | g this Statement to penalt | ies of 2 U.S.C. §437g. |
| | | | | | | | |
| | | | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | 2 of | 3 | |
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| J. | I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the | | | nds on behalf of my |
|----|---|---------------------------------|---|---------------------|
| | (a) Name of Committee (in full) | | | |
| | PROBLEM SOLVERS PATRIOTS | | | |
| | (b) Address (number and street) 824 S MILLEDGE AVE STE 101 | | | |
| | (c) City, State, and ZIP Code | | | |
| | ATHENS | GA | 30605 | |
| • | I hereby authorize the following named committee, which is | NOT my principal compaign | committee to receive and expend fur | ads on bobalf of my |
| Ο. | candidacy. NOTE : This designation should be filed with the | | | ids on behall of my |
| | (a) Name of Committee (in full) | | | |
| | Dusty Johnson Victory Committee | | | |
| | (b) Address (number and street) PO Box 365 | | | _ |
| | (c) City, State, and ZIP Code | | | |
| | McLean | VA | 22101 | |
| 8. | I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the | | | nds on behalf of my |
| | (a) Name of Committee (in full) PROBLEM SOLVERS PATRIOTS | principal campaign committe | | |
| | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 | principal campaign committe | | |
| | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 (c) City, State, and ZIP Code | | | |
| | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 | GA | 30605 | |
| 8. | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 (c) City, State, and ZIP Code ATHENS I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) PROBLEM SOLVERS PATRIOTS | GA NOT my principal campaign | 30605 committee, to receive and expend fur | nds on behalf of my |
| 8. | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 (c) City, State, and ZIP Code ATHENS I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) | GA NOT my principal campaign | 30605 committee, to receive and expend fur | nds on behalf of my |
| 8. | PROBLEM SOLVERS PATRIOTS (b) Address (number and street) 824 S MILLEDGE AVE STE 101 (c) City, State, and ZIP Code ATHENS I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) PROBLEM SOLVERS PATRIOTS (b) Address (number and street) | GA NOT my principal campaign | 30605 committee, to receive and expend fur | nds on behalf of my |

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | ³ of | 3 |
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 8. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | |
|----|---|--|--|--|--|--|
| | (a) Name of Committee (in full) | | | | | |
| | Problem Solver Republicans | | | | | |
| | (b) Address (number and street) 824 S MILLEDGE AVE STE 101 | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | ATHENS GA 30605 | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | |
| | (a) Name of Committee (in full) | | | | | |
| | Dusty Johnson Victory Committee | | | | | |
| | (b) Address (number and street) PO Box 365 | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | McLean VA 22101 | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) | | | | | |
| | (b) Address (number and street) | | | | | |
| | (c) City, State, and ZIP Code | | | | | |